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CONFIRMATION NO. 8550

|  |   |                                  |   |   |                                |
|--|---|----------------------------------|---|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>10/568,962   | <b>FILING OR 371(c) DATE</b><br>02/21/2006<br><b>RULE</b>   | <b>CLASS</b><br>418              | <b>GROUP ART UNIT</b><br>3748   | <b>ATTORNEY DOCKET NO.</b><br>DK-US055309 |                                |
| <b>APPLICANTS</b><br>Masanori Masuda, Osaka, JAPAN;<br><br><b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/JP05/08723 05/12/2005<br><br><b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 2004-144675 05/14/2004<br><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 10/28/2006</b> |   |                                  |   |   |                                |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>met Allowance<br>Verified and Acknowledged _____<br>Examiner's Signature Initials                  |   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br>12   | <b>TOTAL CLAIMS</b><br>11                 | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>22919  |   |                                  |   |   |                                |
| <b>TITLE</b><br>ROTARY BLADE COMPRESSOR WITH ECCENTRIC AXIAL BIASING   |   |                                  |   |   |                                |
| <b>FILING FEE RECEIVED</b><br>1200   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |   |                                |

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